



STATE OF HAWAII
DIVISION OF FINANCIAL INSTITUTIONS
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
335 Merchant Street, Room 221, Honolulu, HI96813
P.O. Box 2054, Honolulu, HI96805
Phone: (808) 586-2820 Fax: (808) 586-2818
Email: dfi@dcca.hawaii.gov
Website: <http://hawaii.gov/dcca/dfi>

APPLICATION FOR RENEWAL OF ESCROW DEPOSITORY LICENSE
JULY 1, 2014 TO JUNE 30, 2015

Please Read Carefully Before Completing Application

Please type or print legibly. All questions must be answered and statements attached. An incomplete application will not be processed until all items have been completed or received. Please note that an incomplete application may be returned to you. Any material misstatement may result in a revocation of license. A check for the license fee (\$2,000.00) and branch office license fee (\$100.00 per branch), made payable to the Department of Commerce & Consumer Affairs, must accompany the application. A \$25.00 service charge will be assessed for each dishonored check received.

THE INFORMATION BELOW WILL BE REPORTED ON DFI'S WEBSITE

Full legal name of Licensee. This should be the same name registered with the State of Hawaii Business Registration Division.

DBA, fictitious or assumed name, or trade name, if any, used in Hawaii. The use of any name other than Licensee's full legal name must be registered with the State of Hawaii Business Registration Division.

Licensee's principal place of business, including suite number, if applicable:

Street address line 1: _____

Street address line 2: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Facsimile: (____) _____

Email address: _____

This application can be made available for individuals with special needs in Braille, large print, or audio tape. Please submit your request to the Commissioner of Financial Institutions at (808) 586-2820.

THE FOLLOWING INFORMATION WILL BE USED BY DFI ONLY

- (1) Name of designated escrow officer for the corporation: _____
- (2) Date of appointment of designated escrow officer by the board of directors: _____
- (3) **Location of Licensee's business records, including suite number, if applicable:**
- Street address line 1: _____
- Street address line 2: _____
- City: _____ State: _____ Zip: _____
- (4) List locations at which Licensee conducts business using the attached List of Offices form.
- (5) List each litigation and attach a detailed explanation of each litigation involving the company during the past 12 months, or impending litigation concerning Chapter 449, Hawaii Revised Statutes. Do not send the complaint or answers to any litigation. **(If none, state "NONE".)**
- (6) Attach a signed continuation certificate for each bond or insurance coverage from the surety showing bond or insurance policy number, type of bond or insurance coverage, amount **(indicate any deductible amount; if no deductible amount, state "NONE")**, and coverage period for the required bonds and insurance. **Period of coverage should extend to July 1 of the current year or later.**
- (a) CAPITAL BOND, if required, of at least \$100,000, no deductible amount, and 60 days' prior written notice of cancellation to the Commissioner of Financial Institutions (the "Commissioner"). (Section 449-5.5, Hawaii Revised Statutes)
- (b) ESCROW DEPOSITORY BOND of at least \$100,000, no deductible amount, and 60 days' prior written notice of cancellation to the Commissioner. (Section 449-9, Hawaii Revised Statutes)
- (c) FIDELITY BOND of at least \$100,000, deductible amount in excess of \$10,000 per occurrence requires the prior approval of the Commissioner, and 60 days' prior written notice of cancellation to the Commissioner upon all of Licensee's directors, officers, and employees who have access to money or negotiable securities or instruments in Licensee's possession or under Licensee's control. (Section 449-11, Hawaii Revised Statutes)
- (d) ERRORS AND OMISSIONS INSURANCE of at least \$250,000, deductible amount in excess of \$100,000 per occurrence requires the prior approval of the Commissioner, and 30 days' prior written notice of cancellation to the Commissioner. (Section 449-12, Hawaii Revised Statutes)
- (7) Attach the name, title, mailing address, telephone and fax numbers, and email address of the appropriate person or persons that the Division of Financial Institutions may contact regarding:
- (a) Administrative matters.
- (b) License renewals.
- (c) Customer complaints.
- (d) Examinations.

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- (8) If applicable, attach the identity of all parents, subsidiaries, and affiliates of Licensee. Alternatively, attach a current organization flow chart that displays this information. Do not attach an organization flow chart displaying employee information.
- (9) Attach list of all shareholders who directly or indirectly, solely or through another person or transaction, or in concert with another, owns or has the power to vote 25% or more of any class of voting stock, and indicate each shareholder's respective percentage of ownership.

I CERTIFY THAT THE INFORMATION SHOWN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME _____
Type or print legibly

TITLE _____
Type or print legibly

SIGNATURE _____

DATE _____

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Name of Licensee: _____

List of Offices

List all locations at which Licensee currently conducts its escrow depository business, starting with the principal office and then all branch offices. Under "Office Name", provide the name or number Licensee uses to identify each individual office.

[illegible]

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